

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Shigeori Takenaka et al.

Application No.: 09/868,576

Group Art Unit: 1744

Filed: October 20, 2000

Examiner: D. A. Redding

For: Gene Detecting Chip, Detection Apparatus, and  
Detection Method

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**THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Listed on accompanying Form PTO/SB/08a/b are documents that may be considered material to the examination of this application, in compliance with the duty of disclosure requirements of 37 C.F.R. §§ 1.56, 1.97 and 1.98.

Where the publication date of a listed document does not provide a month of publication, the year of publication of the listed document is sufficiently earlier than the effective U.S. filing date and any foreign priority date so that the month of publication is not in issue. Applicants have listed publication dates on the attached PTO/SB/08a/b based on information presently available to the undersigned. However, the listed publication dates should not be construed as an admission that the information was actually published on the date indicated.

Applicants reserve the right to establish the patentability of the claimed invention over any of the information provided herewith, and/or to prove that this information may not be prior

art, and/or to prove that this information may not be enabling for the teachings purportedly offered.

This statement should not be construed as a representation that a search has been made, or that information more material to the examination of the present patent application does not exist. The Examiner is specifically requested not to rely solely on the material submitted herewith. It is further understood that the Examiner will consider information that had been cited by or submitted to the U.S. Patent and Trademark Office in a prior application relied on under 35 U.S.C. § 120. 1138 OG 37, 38 (May 19, 1992).

Applicants have checked the appropriate boxes below.

- ☐ 1. This Information Disclosure Statement is being filed within three months of the U.S. filing date OR before the mailing date of a first Office Action on the merits. No statement under 37 C.F.R. § 1.97(e) or fee is required.
- ☒ 2. This Information Disclosure Statement is being filed more than three months after the U.S. filing date AND after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Rejection or Notice of Allowance.
  - ☐ a. I hereby state that each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement. 37 C.F.R. § 1.97(e)(1).
  - ☐ b. I hereby state that no item of information in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this Information Disclosure Statement. 37 C.F.R. § 1.97(e)(2).

- ☒ c. Attached is our Check No. 324088 including the amount of \$ 180.00 in payment of the fee under 37 C.F.R. § 1.17(p).
- ☐ 3. This Information Disclosure Statement is being filed more than three months after the U.S. filing date and after the mailing date of a Final Rejection or Notice of Allowance, but before payment of the Issue Fee. It is hereby requested that the Information Disclosure Statement be considered. Attached is our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in payment of the fee under 37 C.F.R. § 1.17(i).
- ☐ a. I hereby state that each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement. 37 C.F.R. § 1.97(e)(1).
- ☐ b. I hereby state that no item of information in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 C.F.R. § 1.56(c) more than three months prior to the filing of this Information Disclosure Statement. 37 C.F.R. § 1.97(e)(2).
- ☐ 4. Relevance of the non-English language document(s) is discussed in the present specification.
- ☐ 5. The document(s) was/were cited in a corresponding foreign application. An English language version of the foreign search report is attached for the Examiner's information.
- ☒ 6. A concise explanation of the relevance of the non-English language document(s) is provided in the attached abstracts.
- ☒ 7. The Examiner's attention is directed to co-pending U.S. Patent Application No. 10/252,011, filed September 23, 2002, and U.S. Patent Application No. 10/477,718, filed November 14, 2003, which are directed to related technical

subject matter. The identification of this U.S. Patent Application is not to be construed as a waiver of secrecy as to that application now or upon issuance of the present application as a patent. The Examiner is respectfully requested to consider the cited application and the art cited therein during examination.

- ☐ 8. Copies of the documents were cited by or submitted to the Office in Application No. \_\_\_\_\_, filed \_\_\_\_\_, which is relied upon for an earlier filing date under 35 U.S.C. § 120. Thus, copies of these documents are not attached. 37 C.F.R. § 1.98(d).

It is respectfully requested that the Examiner initial and return a copy of the enclosed PTO/SB/08a/b, and to indicate in the official file wrapper of this patent application that the documents have been considered.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 50-0740, referencing Docket No. 027430.102-US00.

Dated: February 9, 2004

Respectfully submitted,

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| Substitute for form 1449A/B/PTO  |   |    | <b>Complete if Known</b> |                        |  |
| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b><br><br><i>(Use as many sheets as necessary)</i> |   |    | Application Number       | 09/868,576-Conf. #1564 |  |
|  |   |    | Filing Date              | October 20, 2000       |  |
|  |   |    | First Named Inventor     | Shigeori Takenaka      |  |
|  |   |    | Art Unit                 | 1744                   |  |
|  |   |    | Examiner Name            | D. A. Redding          |  |
|  |   |    | Attorney Docket Number   | 027430.102-US00        |  |
| Sheet  | 1 | of | 1                        |                        |  |

| U.S. PATENT DOCUMENTS |                          |  |                                |  |   |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner<br>Initials* | Cite<br>No. <sup>1</sup> | Document Number                          | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
|                       |                          | Number-Kind Code <sup>2</sup> (if known) |                                |  |   |
|                       | AA                       | US-4,343,684                             | 08-10-1982                     | Lechtzen   |   |
|                       | AB                       | US-5,108,576                             | 04-28-1992                     | Malmros et al.                                     |   |
|                       | AC                       | US-5,614,004                             | 03-25-1997                     | Wachi et al.                                       |   |
|                       | AD                       | US-5,873,992                             | 02-23-1999                     | Glezen et al.                                      |   |
|                       | AE                       | US-6,093,370                             | 07-25-2000                     | Yasuda et al.                                      |   |
|                       | AF                       | US-6,126,800                             | 10-03-2000                     | Caillat et al.                                     |   |

| FOREIGN PATENT DOCUMENTS |                       |   |                                |  |   |                |
|--------------------------|-----------------------|---|--------------------------------|--|---|----------------|
| Examiner Initials*       | Cite No. <sup>1</sup> | Foreign Patent Document   | Publication Date<br>MM-DD-YYYY | Name of Patentee or Applicant of Cited Document  | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T <sup>6</sup> |
|                          |                       | Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known) |                                |  |   |                |
|                          | BA                    | -JP-9-288080  | 11-04-1997                     | Shinnitsuka Kankyo Eng:KK::<br>Takenaka Shigeori | Abstract attached   |                |
|                          | BB                    | -JP-56-152958 A   | 11-26-1981                     | Takakura   | Abstract attached   |                |

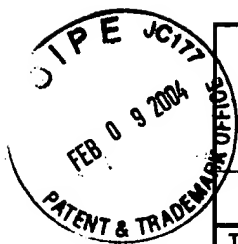
\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS |                       |   |  |  |                |
|---------------------------------|-----------------------|---|--|--|----------------|
| Examiner Initials <sup>*</sup>  | Cite No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. |  |  | T <sup>2</sup> |
|                                 | CA                    | BAIN, C. D. et al., "Formation of Monolayer Films by the Spontaneous Assembly of Organic Thiols from Solution onto Gold," J. Am. Chem. Soc., 111: 321-335 (1989).   |  |  |                |
|                                 | CB                    | GOODING, J. J. et al., "Platinum-Catalyzed Enzyme Electrodes Immobilized on Gold Using Self-Assembled Layers," Anal. Chem, 70: 2396-2402 (1998).  |  |  |                |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|



| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>  |          | Complete if Known   |                        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
|--|----------|---|------------------------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|--------------------|----|-------------------------------------|-----|------|-----|-------------------|----|--|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|------|--------|------|--------|---|--|--------------|-----|--------------|----|--|--|----------|-----|------|-----|---|--|------|-----|------|-----|--|----|---------|-------|------|-------|---|--------|--------------------|-------|--------|-------|--|--|------|------|--------------------|-----|------------------|--|------|-----|------|-----|--|--|--------------|-----|-----------------|----------|--------------------------|----------|----------|-------|------|-------|---|------------------------|------|-----|------|----|-----------------------------------|------|------|-------|------|---------------------------------------|------------------------------------|----|------|-------|--|------|--------------------------------|------|------|--|--|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--------|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |          | Application Number  | 09/868,576-Conf. #1564 |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>756.00</b>  |          | Filing Date   | October 20, 2000       |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          | First Named Inventor  | Shigeori Takenaka      |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          | Examiner Name   | D. A. Redding          |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          | Art Unit  | 1744                   |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          | Attorney Docket No.   | 027430.102-US00        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |          | <b>FEE CALCULATION</b> (continued)  |                        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">50-0740</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Covington &amp; Burling</span><br><br>The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>180.00</td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="4" style="text-align: right;">*Reduced by Basic Filing Fee Paid</td><td colspan="2"><b>SUBTOTAL (3)</b>     (\$)<b>180.00</b></td></tr></tbody></table> |                        | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051               | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action   |  | 1251         | 110 | 2251         | 55 | Extension for reply within first month |  | 1252     | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |    | 1254    | 1,480 | 2254 | 740   | Extension for reply within fourth month |        | 1255               | 2,010 | 2255   | 1,005 | Extension for reply within fifth month |  | 1401 | 330  | 2401               | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403         | 290 | 2403            | 145      | Request for oral hearing |          | 1451     | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |                        | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable  |      | 1453 | 1,330 | 2453 | 665                                   | Petition to revive - unintentional |    | 1501 | 1,330 | 2501   | 665  | Utility issue fee (or reissue) |      | 1502 | 480  | 2502                                   | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | 180.00 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3)</b> (\$) <b>180.00</b> |  |
| Large Entity   |          | Small Entity  |                        | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)               |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1051   | 130      | 2051  | 65                     | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1052   | 50       | 2052  | 25                     | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1053   | 130      | 1053  | 130                    | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1812   | 2,520    | 1812  | 2,520                  | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1804   | 920*     | 1804  | 920*                   | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1805   | 1,840*   | 1805  | 1,840*                 | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1251   | 110      | 2251  | 55                     | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1252   | 420      | 2252  | 210                    | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1253   | 950      | 2253  | 475                    | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1254   | 1,480    | 2254  | 740                    | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1255   | 2,010    | 2255  | 1,005                  | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1401   | 330      | 2401  | 165                    | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1402   | 330      | 2402  | 165                    | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1403   | 290      | 2403  | 145                    | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1451   | 1,510    | 1451  | 1,510                  | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1452   | 110      | 2452  | 55                     | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1453   | 1,330    | 2453  | 665                    | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1501   | 1,330    | 2501  | 665                    | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1502   | 480      | 2502  | 240                    | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1503   | 640      | 2503  | 320                    | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1460   | 130      | 1460  | 130                    | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1807   | 50       | 1807  | 50                     | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1806   | 180      | 1806  | 180                    | Submission of Information Disclosure Stmt                                  | 180.00   |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 8021   | 40       | 8021  | 40                     | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1809   | 770      | 2809  | 385                    | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1810   | 770      | 2810  | 385                    | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1801   | 770      | 2801  | 385                    | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1802   | 900      | 1802  | 900                    | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Other fee (specify) _____  |          |   |                        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |          |   |                        | <b>SUBTOTAL (3)</b> (\$) <b>180.00</b>                                     |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b>     (\$)<b>0.00</b></td><td></td></tr></tbody></table> |          | Large Entity  |                        | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee |    | 1002                                | 340 | 2002 | 170 | Design filing fee |    | 1003   | 530 | 2003 | 265 | Plant filing fee |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee |       | 1005   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> (\$) <b>0.00</b>                   |  |      |        |      |        | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>64</td><td>-32** =</td><td>32</td><td>x</td><td>18.00</td><td>=</td><td>576.00</td></tr><tr><td>Independent Claims</td><td>2</td><td>-3** =</td><td></td><td>x</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table><br><table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b>     (\$)<b>576.00</b></td></tr></tbody></table> |  | Total Claims |     | Extra Claims |    | Fee from below                         |  | Fee Paid |     |      |     |   |  |      |     |      |     | Total Claims                           | 64 | -32** = | 32    | x    | 18.00 | =                                       | 576.00 | Independent Claims | 2     | -3** = |       | x                                      |  | =    | 0.00 | Multiple Dependent |     |                  |  |      |     | =    |     | Large Entity                           |  | Small Entity |     | Fee Description | Fee Code | Fee (\$)                 | Fee Code | Fee (\$) | 1202  | 18   | 2202  | 9   | Claims in excess of 20 | 1201 | 86  | 2201 | 43 | Independent claims in excess of 3 | 1203 | 290  | 2203  | 145  | Multiple dependent claim, if not paid | 1204                               | 86 | 2204 | 43    | ** Reissue independent claims over original patent | 1205 | 18                             | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> (\$) <b>576.00</b> |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                        | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)               |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1001   | 770      | 2001  | 385                    | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1002   | 340      | 2002  | 170                    | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1003   | 530      | 2003  | 265                    | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1004   | 770      | 2004  | 385                    | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1005   | 160      | 2005  | 80                     | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$) <b>0.00</b>   |          |   |                        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Total Claims   |          | Extra Claims  |                        | Fee from below   |          | Fee Paid        |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
|  |          |   |                        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Total Claims   | 64       | -32** =   | 32                     | x  | 18.00    | =               | 576.00   |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Independent Claims   | 2        | -3** =  |                        | x  |          | =               | 0.00     |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Multiple Dependent   |          |   |                        |  |          | =               |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   |          | Small Entity  |                        | Fee Description  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)               |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1202   | 18       | 2202  | 9                      | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1201   | 86       | 2201  | 43                     | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1203   | 290      | 2203  | 145                    | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1204   | 86       | 2204  | 43                     | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| 1205   | 18       | 2205  | 9                      | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$) <b>576.00</b>   |          |   |                        |  |          |                 |          |                 |          |          |          |          |          |      |     |                    |    |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |              |    |  |  |          |     |      |     |   |  |      |     |      |     |  |    |         |       |      |       |   |        |                    |       |        |       |  |  |      |      |                    |     |                  |  |      |     |      |     |  |  |              |     |                 |          |                          |          |          |       |      |       |   |                        |      |     |      |    |                                   |      |      |       |      |                                       |                                    |    |      |       |  |      |                                |      |      |  |  |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |        |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |
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